

DATA ENTRY FORM

ID Number				
Last Name				
First Name				
Address				
Phone Number	(Home)			
Grade	9	10	11	12
Gender	M	F		
Date of Birth				
Sports				
Are you a US Citizen?	Yes	No		

I hereby state that all the information listed above is correct and truthful.

Signature

Date

FOR OFFICE USE ONLY

Physical				
Insurance	Yes	No		
FHSAA form	Yes	No		
Birth Documentation	Yes	No	I saw on	
	Initials By:			
Date Ending	8 th	9 th	10 th	

